



1755\$  
PATENT  
Attorney Docket No. FRD-043

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Follestad et al.  
SERIAL NO.: 09/673,121 GROUP NO.: 1755  
FILING DATE: November 27, 2000 EXAMINER: Jennine M. Brown  
TITLE: CATALYST SYSTEM FOR ETHYLENE POLYMERISATIONS

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 20<sup>th</sup> day of February, 2004.

  
\_\_\_\_\_  
Keri Lennon

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

Sir:

MAR 02 2004

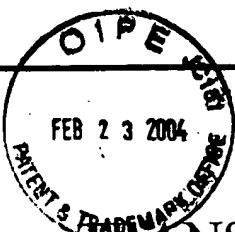
Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal Form (1 page);
3. Amendment and Response (7 pages);
4. Terminal Disclaimer (2 pages);
5. Check in the Amount of \$110.00;
6. Return Receipt Postcard.


**FEE TRANSMITTAL**
**FY 2004**
**FEB 23 2004**
*Complete if Known*
**RECEIVED**
**FEB 23 2004**
**MAR 02 2004**

Application Serial Number	09/673,121
Filing Date	November 27, 2000
First Named Inventor	Follestad
Group Art Unit	1755
Examiner Name	Jennine M. Brown
Attorney Docket No.	FRD-043

<b>METHOD OF PAYMENT</b>		<b>FEES CALCULATION (continued)</b>			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input type="checkbox"/> Applicant claims small entity status.		130	65	Surcharge - late filing fee or oath	
		50	25	Surcharge - late provisional filing fee or cover sheet	
		130	130	Non-English specification	
		2,520	2,520	Request for ex parte reexamination	
		110	55	Extension for reply within first month	
		420	210	Extension for reply within second month	
		950	475	Extension for reply within third month	
		1480	740	Extension for reply within fourth month	
		2010	1005	Extension for reply within fifth month	
		330	165	Notice of Appeal	
		330	165	Filing a brief in support of an appeal	
		290	145	Request for oral hearing	
		130	130	Petitions to the Commissioner	
		180	180	Submission of Information Disclosure Statement	
		770	385	Filing a submission after final rejection (37 CFR 1.129(a))	
		770	385	For each additional invention to be examined (37 CFR 1.129(b))	
		100	100	Certificate of Correction for applicant's error	
		110	55	Submission of Terminal Disclaimer	\$110.00
		Other fee (Specify) _____			
		Other fee (Specify) _____			
4. FILING FEE		SUBTOTAL (3) (\$)			
Large Entity		110.00			
Fee (\$)	Fee Description	Fee Paid			
770	Utility filing fee				
340	Design filing fee				
160	Provisional filing fee				
		Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =			x \$ 18.00 =	
Independent Claims	- 3 =			x \$ 86.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =			
TOTAL:					
SMALL ENTITY DISCOUNT:					
SUBTOTAL (1)		(\$)			
0.00		0.00			
5. AMENDMENT CLAIM FEES		SUBTOTAL (3) (\$)			
Claims Remaining After Amend.	Highest No. Previously Paid For	Present	Rate	Fee Paid	
Total 13	- 20 =	0	x \$ 18.00 =	0.00	
Indep. 3	- 3 =	0	x \$ 86.00 =	0.00	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$290.00 =			
		SUBTOTAL (1) 0.00			
		SUBTOTAL (2) 0.00			
		SUBTOTAL (3) 110.00			
		TOTAL (\$)			
		110.00			
6. CORRESPONDENCE ADDRESS					
Direct all correspondence to:					
Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100					
7. SIGNATURE BLOCK					
Respectfully submitted, <i>Michael H. Brodowski</i> Michael H. Brodowski Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110					



**TRANSMITTAL  
FORM**

<b>TRANSMITTAL FORM</b>	Application Serial Number	09/673,121
	Filing Date	November 27, 2000
	First Named Inventor	Follestad
	Group Art Unit	1755
	Examiner Name	Jennine M. Brown
	Attorney Docket No.	FRD-043
	Patent No.	Not applicable
	Issue Date	Not applicable

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MAR 02 2004

**ENCLOSURES (check all that apply)**

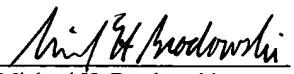
<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]</li> </ul>	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul>	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate of Correction (in duplicate)</li> </ul>	

**CORRESPONDENCE ADDRESS**

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 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
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**SIGNATURE BLOCK**

Date: February 20, 2004  
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Respectfully submitted,  
  
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